



50412



### EPS

Fax to: (206) 685-7569  
or (800) 253-6404

1 Date of EPS:  /  /   
Month Day Year

-  -   
 Affix Patient ID # Here seqnum07

### reason07 2 Reason for completion:

- Baseline  Testing sotalol or other drug suppression  
 1  2

### 3 Current antiarrhythmic therapy

- txnone07  txicd07  txanti07  
 No Therapy  ICD  Antiarrhythmic drug

If antiarrhythmic drug, specify:

dramio07  Amiodarone dose:  amiomg07  
mg/day

drsot07  Sotalol dose:  sotmg07  
mg/day

droth07  Other:

dose:  mg/day  
 dose:  mg/day

### 4 Which ventricular arrhythmias were induced?

vtarr107 First Induction Second Induction vtarr207

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="radio"/> 1  | <input type="radio"/> 1  | Sustained Ventricular Fibrillation   |
| <input type="radio"/> 2  | <input type="radio"/> 2  | Sustained Monomorphic VT, > 250 beats/min. or cycle length < 240 msec (≥ 30 sec or requiring intervention)         |
| <input type="radio"/> 3  | <input type="radio"/> 3  | Sustained Monomorphic VT, 201 - 250 beats/min. or cycle length 240 - 299 msec (≥ 30 sec or requiring intervention) |
| <input type="radio"/> 4  | <input type="radio"/> 4  | Sustained Monomorphic VT, 150 - 200 beats/min. or cycle length 300 - 400 msec (≥ 30 sec or requiring intervention) |
| <input type="radio"/> 5  | <input type="radio"/> 5  | Sustained Monomorphic VT, < 150 beats/min. or cycle length > 400 msec (≥ 30 sec or requiring intervention)         |
| <input type="radio"/> 6  | <input type="radio"/> 6  | Sustained Polymorphic VT (≥ 30 sec or requiring intervention)  |
| <input type="radio"/> 7  | <input type="radio"/> 7  | Non-Sustained VT (< 30 sec but > 15 complexes VT)  |
| <input type="radio"/> 8  | <input type="radio"/> 8  | ≤ 15 complexes VT  |
| <input type="radio"/> 9  | <input type="radio"/> 9  | None   |
| <input type="radio"/> 10 | <input type="radio"/> 10 | Not done (patient unstable)  |

Signature of person filling out this form

code number

For Clinical Trial Center Use Only: rtnum07

<input type="text"/>	Yes <input type="radio"/>	No <input type="radio"/>	2	0	7	0	3	0	0
CTC Code			EPS page 1 of 1			3/01/94			